Fill in this information to identify your case:						
Debtor 1	Michael M. Benedict					
Debtor 2 (Spouse, if filing)	Anne L. Benedict					
United States Bankruptcy Court for the: Middle District of Pennsylvania						
Case number (if known)	1:19-bk-02897					

Check one box	only	as	directed	in	this	form	and	in	Forn	n
122A-1Supp:										

- 1. There is no presumption of abuse
- □ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test* Calculation (Official Form 122A-2).

Column B

- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1.	What is	your marital	and filing	status?	Check one only.
----	---------	--------------	------------	---------	-----------------

- □ Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Debtor 1			or 2 or iling spouse
, and commissions (before a	 \$2	2,566.14	\$	1,457.34
e payments from a spouse if	\$	0.00	\$	0.00
t. Include regular contributions ld, your dependents, parents,	3	0.00	\$	0.00
, or farm				
Debtor 1				
\$ <u> </u>				
-\$ 0.00				
rm \$0.00 Copy here	>\$	0.00	\$	0.00
Debtor 1				
\$ 0.00				
-\$ 0.00				
\$ 0.00 Copy here	·> \$	0.00	\$	0.00
	\$	0.00	\$	0.00
	payments from a spouse if a paid for household expenses to include regular contributions d, your dependents, parents, pouse only if Column B is not so to the parents of the pouse only if Column B is not so to the pouse only if Column B is not so the pouse only if Column B is not so the pouse only if Column B is not so the pouse only if Column B is not so the pouse only if Column B is not so the pouse of t	and commissions (before all \$ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and commissions (before all \$ 2,566.14 e payments from a spouse if \$ 0.00 and for household expenses t. Include regular contributions d, your dependents, parents, pouse only if Column B is not pouse only if Column B is not Topology The state of the payments of the payment	non-from a spouse if \$ 2,566.14 \$ \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse if \$ 0.00 \$ e payments from a spouse in the spouse i

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Best Case Bankruptcy

Column A

Case number (if known)

1:19-bk-02897

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benef	fit under					
	For you\$	0.	00					
	For your spouse \$	0.	00					
	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, or United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt	ated in the next sente r allowance paid by th y, combat-related inju es. If you received any pay only to the extent to would otherwise be e	nce, do e ry or retired that it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spe							
	Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hun domestic terrorism; or compensation, pension, pay, ann United States Government in connection with a disabilit disability, or death of a member of the uniformed service sources on a separate page and put the total below.	nanity, or international nuity, or allowance paid y, combat-related inju	or d by the ry or					
	•			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	2,566.14	+	1,457.34		023.48
Part	2: Determine Whether the Means Test Applies to Calculate your current monthly income for the year. 12a. Copy your total current monthly income from line 1	Follow these steps:		Сору	y line 11	here=>	income	023.48
	Multiply by 12 (the number of months in a year)						x 12	
	12b. The result is your annual income for this part of the	e form				12b.	40	281.76
13.	Calculate the median family income that applies to y	you. Follow these step	os:					
	Fill in the state in which you live.	PA						
	Fill in the number of people in your household.	2						
	Fill in the median family income for your state and size to find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link s	pecified i	in the separa	ate instruc	13. etions	\$66,	649.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official		eck box	1, There is r	no presun	nption of abuse	9.	
	14b. Line 12b is more than line 13. On the top o Go to Part 3 and fill out Form 122A–2.	f page 1, check box 2	, The pre	esumption of	abuse is	determined by	/ Form 122 <i>F</i>	1-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information o	n this sta	atement and	in any att	achments is tr	ue and corre	ect.
	χ /s/ Michael M. Benedict	x /	s/ Anne	e L. Bened	ict			
	Michael M. Benedict Signature of Debtor 1			Benedict e of Debtor 2				
	Signature of Debtor 1	`	Jigi iature	ฮ บเ มษมเบเ 2				

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Desc

Debtor 1 Debtor 2 Michael M. Benedict
Anne L. Benedict

Case number (if known) 1:19-bk-02897

Date **February 21, 2020**

MM / DD / YYYY

Date February 21, 2020 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

1:19-bk-02897

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2019 to 06/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Office Depot

Income by Month:

6 Months Ago:	01/2019	\$2,601.28
5 Months Ago:	02/2019	\$2,221.53
4 Months Ago:	03/2019	\$2,277.59
3 Months Ago:	04/2019	\$2,090.54
2 Months Ago:	05/2019	\$3,764.74
Last Month:	06/2019	\$2,441.14
	Average per month:	\$2,566.14

Desc

Case number (if known)

1:19-bk-02897

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 01/01/2019 to 06/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Summit Physician Services

Income by Month:

6 Months Ago:	01/2019	\$0.00
5 Months Ago:	02/2019	\$495.31
4 Months Ago:	03/2019	\$1,896.13
3 Months Ago:	04/2019	\$2,224.84
2 Months Ago:	05/2019	\$2,169.06
Last Month:	06/2019	\$1,958.68
	Average per month:	\$1,457.34